

**GEORGIA BUREAU OF INVESTIGATION  
GEORGIA CRIME INFORMATION CENTER  
CONSENT FORM**

Pursuant to O.C.G.A § 35-3-34(a)(1)(A), GCIC Council Rule 140-2-.04 states "at the time of each request, requestors shall provide the signed consent of persons whose criminal history records are sought". The signed consent must include, as a minimum, the person's full name, address, social security number, race, sex, date of birth and date signed. Changes, strikethroughs or white out/liquid paper are not permissible. **Persons must complete a new consent form if a change or correction is necessary.**

**CIRCLE ONE PURPOSE CODE**

\_\_\_\_\_  
Case No. (8digits)

'E' (regular employment)

\_\_\_\_\_  
CAD No. (9digits)

'N' (elder care)

\_\_\_\_\_  
Department

'W' (children)

\_\_\_\_\_  
Reason

'J' (criminal justice agency-civilian)

'M' (mentally disabled)

'Z' (criminal justice agency-P.O.S.T. certified)

I hereby authorize **The Fayette County Marshal's Office** to receive any Georgia or III criminal history record information pertaining to me as authorized under state and federal law for individuals seeking employment or to work with children, the elderly or mentally disabled.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Operators License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

S  
E  
A  
L

**One of the following must be checked:**

- ☐ This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- ☐ I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

If no date is listed on this form, consent is valid for 90 days from date of signature.

**Departmental Use**

\_\_\_\_\_  
Reporting Deputy

\_\_\_\_\_  
Reviewed By

Fayette County Marshal's Office  
Georgia Driver's History Consent Form

I hereby authorize the **Fayette County Marshal's Office** to receive a copy of my Georgia driver's history information.

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Name (Must exactly match name listed on driver's license)

Date of Birth: \_\_\_\_\_

Drivers License number: \_\_\_\_\_

Sex: \_\_\_\_\_

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Signature

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Date

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OFFICE USE ONLY